

PERMISSION TO ATTEND THE NAMIBIAN STUDENT CONVENTION

To Whom It May Concern:

Permission is hereby granted for my son daughter _____
to attend the ACE Ministries Namibian Student Convention in _____
under supervision of _____ (Sponsor name)
and I do hereby grant permission for Accelerated Christian Education Ministries Namibia to use his/her photograph
for publication.

Name of Parent/Guardian

Address

City

Telephone

email

CF6a (NAM)

**MINOR STUDENT / GUEST
PERMISSION FOR MEDICAL TREATMENT AND RELEASE OF LIABILITY**

Date _____

I hereby give permission for Accelerated Christian Education Ministries Namibia to obtain medical treatment for

_____ DOB: _____

He/She may be given aspirin, cough syrup, or Panado if needed. Yes _____ No _____

If allergic to any medications, please specify. _____

_____ Check here if there are physical problems or any special instructions, and fill out the Special Medical
Treatment form (CF6c).

I understand that I am responsible for accident and medical insurance if needed en route to and from the
convention and throughout the duration of the convention. I herewith release Accelerated Christian Education
Ministries Namibia and Hodygos from any liability for death or injury that may result from their voluntary
participation in any activity while at and enroute to and from the Namibian Student Convention.

Signed

Relationship to Minor: Father/Mother/Guardian

Address

City

Telephone

Email

Emergency Cell Number

Family Physician

Medical Aid Provider

Medical Aid Number

Name of School

School Customer Number

Name of Sponsor

CF6b (NAM)

SPECIAL MEDICAL TREATMENT FOR A MINOR

Minor students or guests with a history of a particular medical problem requiring special treatment must submit the Permission for Medical Treatment and Release of Liability and Special Medical Treatment forms. They should also wear an identifying bracelet or I.D. which would alert first-aid personnel to the existence of the particular problem. Each person registered must provide their own medical and accident insurance and provide ACE Ministries Namibia with a statement releasing ACE Ministries Namibia from responsibility and liability for any medical expenses incurred by them during their stay at the Convention or their travels to/from the Convention area.

Student's Name _____ Home Phone _____

Sponsor's Name _____ Cell # _____

School Name _____

School Address _____

City _____ School Phone _____

Parents' Names _____

Parents' Emergency No _____

Home Address _____

Nature of Special Problem _____

Attention or Treatment Required _____

Signature

Date